

Fill in this information to identify the case:

Debtor name Waste Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 4,973,284.04

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 4,973,284.04

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 4,366,958.17

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 3,287,342.12

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 7,654,300.29

Fill in this information to identify the case:

Debtor name **Waste Services, Inc.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. **The Westchester Bank** **\$0.00**

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	813,284.04	-	0.00	=	\$813,284.04
	face amount		doubtful or uncollectible accounts		

Debtor **Waste Services, Inc.**
Name

Case number (*If known*)

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$813,284.04

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.
 Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.
 Yes Fill in the information below.

General description <small>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</small>	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
<hr/>			
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2000 Mack Packer VIN: 1M2K195C4YM015078	\$35,000.00		\$35,000.00
47.2. 2014 Hino Rotator VIN: 5PVNJ8JV0E4S56375	\$75,000.00		\$75,000.00
47.3. 2012 Mack Roll-Off VIN: 1M2AX04C6CM012506	\$125,000.00		\$125,000.00
47.4. 2012 Mack Roll-Off VIN: 1M2AX04C2CM012505	\$125,000.00		\$125,000.00
47.5. 2012 Mack Roll-Off VIN: 1M2AX04C4CM012504	\$125,000.00		\$125,000.00

Debtor	Waste Services, Inc. Name	Case number (<i>If known</i>)
47.6.	2012 Mack Roll-Off VIN: 1M2AX04C5CM011752	\$125,000.00
47.7.	2004 Mack Roll-Off VIN: 1M2AG11C84M011272	\$40,000.00
47.8.	2001 Ford Service VIN: 1FDAF56F01ED00293	\$20,000.00
47.9.	1997 GMC Service VIN: 1GDJG31R7V1082630	\$5,000.00
47.10	2007 Peter Hook VIN: 2NPLHZ7X37M739026	\$35,000.00
47.11	2015 Sterling Roll-Off VIN: 2FZMAZDE25AU04117	\$35,000.00
47.12	1989 PTRB Roll-Off VIN: 1XPAL20X9KN275536	\$25,000.00
47.13	1998 GMC Rotator VIN: 1GDJ7H1J8WJ504526	\$5,000.00
47.14	2000 Mack Front-Load VIN: 1M2K195C5YM015803	\$35,000.00
47.15	1998 Inter Rotator VIN: 1HTSCAAN8WH510626	\$5,000.00
47.16	2001 Mack Front-Load VIN: 1M2K185C11M008721	\$35,000.00
47.17	2001 Mack Packer Vin: 1M2K185C01M008631	\$25,000.00
47.18	2001 Mack Packer Vin: 1M2K185C21M008405	\$25,000.00
47.19	2000 Mack Packer Vin: 1M2K195C9YM015075	\$25,000.00
47.20	2015 Mack MRU633 Front-Load Vin: 1M2AV17C3FM010921 Truck # FL50	\$68,091.60
		\$225,000.00

Debtor	Waste Services, Inc. Name	Case number (<i>If known</i>)
47.21	2015 Mack Front-Load Vin: 1M2AV17C1FM010920 Truck # FL51	\$108,886.99 \$225,000.00
47.22	2016 Mack Front-Load Vin: 1M2AV02CXGM013334 Truck # FL53	\$100,467.10 \$225,000.00
47.23	2015 Mack Packer Vin: 1M2AV04C7FM012816 Truck # G001	\$78,297.10 \$200,000.00
47.24	2014 Mack Front-Load Vin: 1M2AV17C6EM010720 Truck # FL52	\$75,704.27 \$200,000.00
47.25	2014 Mack Split-Packer Vin: 1M2AU04C3EM0008070 Truck # SP243	\$29,315.42 \$200,000.00
47.26	2015 AutoCar ACX64 Packer Vin: 5VCACLSF6FH219427 Truck # G54	\$14,687.76 \$200,000.00
47.27	2014 AutoCar ACX ISX-G REL Packer Vin: 5VCACLSF6EH217482 Truck # G53	\$41,848.29 \$185,000.00
47.28	2015 AutoCar McNelius XC32RL Vin: 5VCACLSF7FH219422 Truck # G57	\$522.58 \$200,000.00
47.29	2015 AutoCar McNelius XC32RL Packer Vin: 5VCACLSF0FH219424 Truck # G56	\$522.58 \$200,000.00
47.30	2015 AutoCar McNelius XC32RL Packer Vin: 5VCACLSF8FH219428 Truck # G58	\$522.58 \$200,000.00
47.31	2010 AutoCar ACX R-9030-2 Split-Packer Vin: 5VCACLK9AH210648 Truck # SP242	\$28,468.76 \$100,000.00
47.32	2015 Mack MRU633 Packer Vin: 1M2AV17C6FM010895 Truck # G51	
	2015 Mack MRU633 Packer Vin: 1M2AV17C8FM010896 Truck # G52	\$87,709.02 \$425,000.00

Debtor Waste Services, Inc. Case number (If known) _____
Name _____

47.33 **2015 AutoCar ACX Packer**
Vin: 5VCACLSF4FH219426
Truck # G55 \$33,415.66 \$200,000.00

47.34 **2015 Mack GU713 Roll-Off**
Vin: 1M2AX04C1FM024843
Truck # R05 \$90,805.44 \$200,000.00

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
Miscellaneous tools \$0.00 \$25,000.00

Miscellaneous supplies \$0.00 \$25,000.00

51. **Total of Part 8.** **\$4,160,000.00**

Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

No
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

No
 Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. **Patents, copyrights, trademarks, and trade secrets**

61. **Internet domain names and websites**
www.wasteservices.net Unknown Unknown

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

Debtor Waste Services, Inc.
Name

Case number (*If known*) _____

Customer list _____ \$0.00 _____ Unknown _____

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

No
 Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

No
 Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

Commercial General Liability

Unknown

Automobile Liability

Unknown

Umbrella Liability/Excess Liability

Unknown

Workers Compensation and Employers' Liability

Unknown

Disability

Unknown

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Debtor Waste Services, Inc.
Name

Case number (*If known*) _____

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

Westchester County Solid Waste Commission license

Unknown

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No
 Yes

Debtor Waste Services, Inc.
Name

Case number (*If known*) _____

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$813,284.04</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$4,160,000.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$4,973,284.04</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$4,973,284.04</u>

Fill in this information to identify the case:

Debtor name **Waste Services, Inc.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2.1	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Advantage Funding Comm. Cap. Corp. Creditor's Name	Describe debtor's property that is subject to a lien 2015 AutoCar ACX64 Packer Vin: 5VCACLSF6FH219427 Truck # G54	\$185,312.24 \$200,000.00
PO Box 75422 Chicago, IL 60675 Creditor's mailing address	Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Last 4 digits of account number		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Advantage Funding Comm. Cap. Corp. Creditor's Name	Describe debtor's property that is subject to a lien 2014 AutoCar ACX ISX-G REL Packer Vin: 5VCACLSF6EH217482 Truck # G53	\$143,151.71 \$185,000.00
PO Box 75422 Chicago, IL 60675 Creditor's mailing address	Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Last 4 digits of account number		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply	

Debtor **Waste Services, Inc.**

Name

Case number (if known)

No
 Yes. Specify each creditor, including this creditor and its relative priority.

Contingent
 Unliquidated
 Disputed

2.3 **Bank Direct Capital Finance**
Creditor's Name
150 North Field Drive, Suite 190
Lake Forest, IL 60045

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Commercial General Liability

\$118,012.32

Unknown

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

2.4 **BMO Harris Bank N.A.**
Creditor's Name
300 E. John Carpenter Freeway
Irving, TX 75062

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
2014 Mack Split-Packer
Vin: 1M2AU04C3EM0008070
Truck # SP243

\$170,684.58

\$200,000.00

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

2.5 **De Lage Laden Financial Services, Inc.**
Creditor's Name
1111 Old Eagle School Road
Wayne, PA 19087

Creditor's mailing address

Describe debtor's property that is subject to a lien
2014 Mack Front-Load
Vin: 1M2AV17C6EM010720
Truck # FL52

\$124,295.73

\$200,000.00

Describe the lien

Debtor **Waste Services, Inc.** Case number (if known) _____

Name _____

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

2.6 **De Lage Laden Financial Services, Inc.** \$121,702.90 \$200,000.00

Creditor's Name _____

1111 Old Eagle School Road Wayne, PA 19087

Creditor's mailing address _____

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2015 Mack Packer
Vin: 1M2AV04C7FM012816
Truck # G001**

Describe the lien

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

2.7 **De Lage Laden Financial Services, Inc.** \$124,532.90 \$225,000.00

Creditor's Name _____

1111 Old Eagle School Road Wayne, PA 19087

Creditor's mailing address _____

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**2016 Mack Front-Load
Vin: 1M2AV02CXGM013334
Truck # FL53**

Describe the lien

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor	Waste Services, Inc.	Case number (if known)		
Name <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
2.8	Mack Financial Services	Describe debtor's property that is subject to a lien 2015 Mack MRU633 Front-Load Vin: 1M2AV17C3FM010921 Truck # FL50	\$156,908.40	\$225,000.00
Creditor's Name				
PO Box 7247-0236 Philadelphia, PA 19170				
Creditor's mailing address				
Describe the lien				
Is the creditor an insider or related party?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Is anyone else liable on this claim?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)				
Last 4 digits of account number				
Do multiple creditors have an interest in the same property?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.				
As of the petition filing date, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
2.9	Mack Financial Services	Describe debtor's property that is subject to a lien 2015 Mack Front-Load Vin: 1M2AV17C1FM010920 Truck # FL51	\$116,113.01	\$225,000.00
Creditor's Name				
PO Box 7247-0236 Philadelphia, PA 19170				
Creditor's mailing address				
Describe the lien				
Is the creditor an insider or related party?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Is anyone else liable on this claim?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)				
Last 4 digits of account number				
Do multiple creditors have an interest in the same property?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.				
As of the petition filing date, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
2.1	Mack Financial Services	Describe debtor's property that is subject to a lien 2015 Mack MRU633 Packer Vin: 1M2AV17C6FM010895 Truck # G51	\$337,290.98	\$425,000.00
Creditor's Name				
PO Box 7247-0236 Philadelphia, PA 19170				
Describe the lien 2015 Mack MRU633 Packer Vin: 1M2AV17C8FM010896 Truck # G52				

Debtor	Waste Services, Inc.	Case number (if known)
Name		
Creditor's mailing address		Describe the lien
		Is the creditor an insider or related party?
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes
		Is anyone else liable on this claim?
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)
Date debt was incurred		
Last 4 digits of account number		
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:
		Check all that apply
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
2.1	Mack Financial Services	
Creditor's Name		
PO Box 7247-0236 Philadelphia, PA 19170		Describe debtor's property that is subject to a lien
		2015 AutoCar ACX Packer
		Vin: 5VCACLSF4FH219426
		Truck # G55
Creditor's mailing address		
		Describe the lien
		Is the creditor an insider or related party?
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes
		Is anyone else liable on this claim?
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)
Date debt was incurred		
Last 4 digits of account number		
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:
		Check all that apply
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
2.2	Mack Financial Services	
Creditor's Name		
PO Box 7247-0236 Philadelphia, PA 19170		Describe debtor's property that is subject to a lien
		2015 Mack GU713 Roll-Off
		Vin: 1M2AX04C1FM024843
		Truck # R05
Creditor's mailing address		
		Describe the lien
		Is the creditor an insider or related party?
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes
		Is anyone else liable on this claim?
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)
Date debt was incurred		
Last 4 digits of account number		
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:
		Check all that apply

Debtor	Waste Services, Inc.	Case number (if known)
Name		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.1 3	National Labor Relations Board Creditor's Name Att: Michael Bilik 26 Federal Plaza, Suite 3614 New York, NY 10278 Creditor's mailing address	Describe debtor's property that is subject to a lien Collateral is various vehicles \$673,211.00 \$200,000.00
Describe the lien Prejudgment Writ of Attachment Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		
As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
2.1 4	Pinnacle Equity Group LLC Creditor's Name PO Box 568 Yonkers, NY 10710 Creditor's mailing address	Describe debtor's property that is subject to a lien All receivables, trucks registered to Waste Services, Inc. and containers \$850,000.00 \$0.00
Describe the lien money loaned Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		
As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.1 5	Signature Financial LLC Creditor's Name 225 Broadhollow Road, Suite 132W Melville, NY 11747 Creditor's mailing address	Describe debtor's property that is subject to a lien 2015 AutoCar McNelius XC32RL Vin: 5VCACLSF7FH219422 Truck # G57 \$199,477.42 \$200,000.00
Describe the lien		

Debtor **Waste Services, Inc.** _____ Case number (if known) _____

Name _____

Creditor's email address, if known _____

Date debt was incurred **12/9/15**

Last 4 digits of account number **3935**

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

Contingent

Unliquidated

Disputed

2.1 **6** **Stearns Bank** _____ **\$71,531.24** **\$100,000.00**

Creditor's Name _____

PO Box 750
Albany, MN 56307

Creditor's mailing address _____

Creditor's email address, if known _____

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2010 AutoCar ACX R-9030-2 Split-Packer
Vin: 5VCACLK9AH210648
Truck # SP242

Describe the lien

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.1 **7** **Sterling National Bank** _____ **\$199,477.42** **\$200,000.00**

Creditor's Name _____

400 Rella Blvd.
Montebello, NY 10901

Creditor's mailing address _____

Creditor's email address, if known _____

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2015 AutoCar McNelius XC32RL Packer
Vin: 5VCACLSF8FH219428
Truck # G58

Describe the lien

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.1 8	Sterling National Bank Creditor's Name 400 Rella Blvd. Montebello, NY 10901 Creditor's mailing address	Describe debtor's property that is subject to a lien 2015 AutoCar McNelius XC32RL Packer Vin: 5VCACLSF0FH219424 Truck # G56	\$199,477.42	\$200,000.00
		Describe the lien		
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
		As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.1 9	The Westchester Bank Creditor's Name 12 Water Street White Plains, NY 10601 Creditor's mailing address	Describe debtor's property that is subject to a lien 90 days or less: Customer accounts receivable as of February 13, 2019	\$300,000.00	\$813,284.04
		Describe the lien Commercial Security Agreement		
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
		As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		\$4,366,958.1 7		

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor	Waste Services, Inc.	Case number (if known)	
Name and address		On which line in Part 1 did you enter the related creditor?	
National Labor Relations Board 1099 14th St N.W. Suite 10700 New York, NY 10270		Line <u>2.13</u>	
National Labor Relations Board 1015 Half Street, SE Washington, DC 20570		Line <u>2.13</u>	

Fill in this information to identify the case:

Debtor name Waste Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address A.P.O.W. Towing LLC 844 Neperhan Avenue Yonkers, NY 10703 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,108.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Allied Compactor Services, Inc. 407 Broadway Massapequa Park, NY 11762 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$641.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoice</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address American Compressed Gas 834 Nepperhan Avenue Yonkers, NY 10703 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$398.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoice</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address American Express 200 Vesey Street New York, NY 10285 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,054.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Waste Services, Inc. Name	Case number (if known)	
3.5	Nonpriority creditor's name and mailing address American Express Travel Related Services 200 Vesey Street New York, NY 10285 Date(s) debt was incurred <u>9/17/2018</u> Last 4 digits of account number <u>1002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>settlement agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.6	Nonpriority creditor's name and mailing address American Hose 700 21st Avenue Paterson, NJ 07513 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,781.43
3.7	Nonpriority creditor's name and mailing address American Waste Transfer Systems, LLC 566 North State Road Briarcliff Manor, NY 10510 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,102.32
3.8	Nonpriority creditor's name and mailing address Atlantic Hydraulics 684 Saw Mill River Road Yonkers, NY 10710 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$895.26
3.9	Nonpriority creditor's name and mailing address Atlantic States Lubricants 147 Gazza Boulevard Farmingdale, NY 11735 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,798.95
3.10	Nonpriority creditor's name and mailing address Bon Venture Services LLC PO Box 850 Flanders, NJ 07836 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$413.40
3.11	Nonpriority creditor's name and mailing address Brewster Paint & Decorating Center 38 Argonne Road Brewster, NY 10509 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,647.34

Debtor	Waste Services, Inc. Name	Case number (if known)	
3.12	Nonpriority creditor's name and mailing address Certified Laboratories 23261 Network Place Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,340.64
3.13	Nonpriority creditor's name and mailing address City Carting/Somers Sanitation PO Box 17250 Stamford, CT 06907 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,210.90
3.14	Nonpriority creditor's name and mailing address Clean Energy PO Box 678208 Dallas, TX 75267 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,630.04
3.15	Nonpriority creditor's name and mailing address Climax Parts Inc. PO Box 117H Scarsdale, NY 10583 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,748.89
3.16	Nonpriority creditor's name and mailing address Concorde Inc. 1835 Market Street, Suite 1200 Philadelphia, PA 19103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.96
3.17	Nonpriority creditor's name and mailing address D B Hydraulic Equipment, Inc. 30 S. Sixth Avenue Mount Vernon, NY 10550 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.90
3.18	Nonpriority creditor's name and mailing address Gabrielli Truck Sales 153-20 South Conduit Avenue Jamaica, NY 11434 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,186.76

Debtor	Waste Services, Inc.	Case number (if known)	
Name			
3.19	<p>Nonpriority creditor's name and mailing address Gaines Novick Ponzini Cossu Venditti LLP 1133 Westchester Avenue, Suite N202 West Harrison, NY 10604</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unpaid invoices</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.20	<p>Nonpriority creditor's name and mailing address Goosetown Communications 58 N. Harrison Avenue Congers, NY 10920</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unpaid invoices</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$579.83
3.21	<p>Nonpriority creditor's name and mailing address John Valentino c/o Elefante & Persanis 141 Hillside Place Eastchester, NY 10709</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Alleged wage and overtime claim</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.22	<p>Nonpriority creditor's name and mailing address JTL USA 210 S. Broadway Yonkers, NY 10705</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unpaid invoices</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$504.00
3.23	<p>Nonpriority creditor's name and mailing address Mt. Kisco Truck & Auto Parts 135 Kisco Avenue Mount Kisco, NY 10549</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unpaid invoices</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$253.18
3.24	<p>Nonpriority creditor's name and mailing address New Horizon Communications PO Box 981073 Boston, MA 02298</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unpaid invoices</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$303.53
3.25	<p>Nonpriority creditor's name and mailing address NYSEG PO Box 11745 Newark, NJ 07101</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unpaid invoices</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$27.48

Debtor	Waste Services, Inc. Name	Case number (if known)	
3.26	Nonpriority creditor's name and mailing address Oak Ridge Hauling, LLC 307 White Street Danbury, CT 06810 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,448.85
3.27	Nonpriority creditor's name and mailing address One Stop Hose & Hydraulics, LLC PO Box 826 South Salem, NY 10590 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,285.89
3.28	Nonpriority creditor's name and mailing address Orion Energy Corporation 147 Gazza Boulevard Farmingdale, NY 11735 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,316.59
3.29	Nonpriority creditor's name and mailing address Pinnacle Equity Group LLC PO Box 568 Yonkers, NY 10710 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250,000.00
3.30	Nonpriority creditor's name and mailing address Pitney Bowes PO Box 371874 Pittsburgh, PA 15250 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$529.99
3.31	Nonpriority creditor's name and mailing address Putnam Radiator 287 Route 6 Mahopac, NY 10541 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,620.21
3.32	Nonpriority creditor's name and mailing address Railroad Transfer Inc. 225 Railroad Avenue Bedford Hills, NY 10507 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,204.36

Debtor	Waste Services, Inc. Name	Case number (if known)	
3.33	Nonpriority creditor's name and mailing address Signature Financial LLC 225 Broadhollow Road, Suite 132W Melville, NY 11747 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,684.00
3.34	Nonpriority creditor's name and mailing address Spolzino Smith Buss & Jacobs, LLP 733 Yonkers Avenue Suite 200 Yonkers, NY 10704 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
3.35	Nonpriority creditor's name and mailing address Staples PO Box 415256 Boston, MA 02241 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$301.64
3.36	Nonpriority creditor's name and mailing address Tire Buys 283 Lexington Avenue Mount Kisco, NY 10549 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,989.67
3.37	Nonpriority creditor's name and mailing address Tremson Recycling LLC 3675 Danbury Road Brewster, NY 10509 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.38	Nonpriority creditor's name and mailing address Trustees of the Local 813 Insurance Trus c/o Proskauer Rose LLP Eleven Times Square New York, NY 10036 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Settlement agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550,000.00
3.39	Nonpriority creditor's name and mailing address USMC Insurance PO Box 526 Solebury, PA 18963 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00

Debtor	Waste Services, Inc. Name	Case number (if known)	
3.40	Nonpriority creditor's name and mailing address Verizon PO Box 15124 Albany, NY 12212 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218.41
3.41	Nonpriority creditor's name and mailing address Waste Management PO Box 13648 Philadelphia, PA 19101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280,581.23
3.42	Nonpriority creditor's name and mailing address Waste Management of NY LLC PO Box 13648 Philadelphia, PA 19101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,895.03
3.43	Nonpriority creditor's name and mailing address Westchester Solid Waste Commission 112 East Post Road 3rd Floor White Plains, NY 10601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.44	Nonpriority creditor's name and mailing address Wheelabrator Westchester PO Box 842226 Boston, MA 02284 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,375.57

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Jaffe & Asher LLP Attn: Dennis C. Pons, Esq. 600 Third Avenue, 9th Floor New York, NY 10016	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	JTL USA 131-21 14th Avenue College Point, NY 11356	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Waste Services, Inc. Name	Case number (if known)
Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?
4.3	Local 813 Pension Trust 48-18 Van Dam Street Suite 201 Long Island City, NY 11101-3107	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain _____
4.4	Nurses and Local 813 Retirement Trust Fund	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain _____
4.5	Pitney Bowes Global PO Box 317887 Pittsburgh, PA 15250	Line <u>3.30</u> <input type="checkbox"/> Not listed. Explain _____
4.6	Proskauer Rose LLP Att: Anthony S. Cacace, Esq. Eleven Times Square New York, NY 10036	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	0.00
5b.	+	\$ 3,287,342.12
5c.	\$	3,287,342.12

Fill in this information to identify the case:

Debtor name Waste Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Lease for 2014 AutoCar
ACMD42 Packer
Vin:
516M3LLE1EH217626
Truck # G50

State the term remaining

List the contract number of any government contract

BMO Harris Bank N.A.
PO Box 71951
Chicago, IL 60694

2.2. State what the contract or lease is for and the nature of the debtor's interest

Lease for 2016 Mack
MRU613 Front Load
Vin:
1M2AV02C2GM014249
Truck # FL54

State the term remaining

List the contract number of any government contract

BMO Harris Bank N.A.
PO Box 71951
Chicago, IL 60694

2.3. State what the contract or lease is for and the nature of the debtor's interest

Lease for 2015 Mack
MRU613 Packer
Vin:
1M2AV04CXF012812
Truck # G002

State the term remaining

List the contract number of any government contract

BMO Harris Bank N.A.
PO Box 71951
Chicago, IL 60694

2.4. State what the contract or lease is for and the nature of the debtor's interest

Settlement Agreement

State the term remaining

List the contract number of any government contract

Local 813 Insurance Trust Fund
c/o Proskauer Rose LLP
Eleven Times Square
New York, NY 10036

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.5. State what the contract or lease is for and the nature of the debtor's interest

Contract for garbage, bulk trash, recycling, and organize waste collection

Effective 3/1/2018 - 2/29/2020

State the term remaining

List the contract number of any government contract

2017-02

**Village of Pelham
195 Sparks Avenue
Pelham, NY 10803**

2.6. State what the contract or lease is for and the nature of the debtor's interest

Contract for residential and municipal sanitation collection including recycling, bulk trash, and organic yard waste.

State the term remaining

List the contract number of any government contract

18-01

**Village of Rye Brook
938 King Street
Rye Brook, NY 10573**

Fill in this information to identify the case:

Debtor name Waste Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**

Column 2: **Creditor**

Name

Mailing Address

Name

Check all schedules that apply:

2.1	121 Parker Avenue Holdings, LLC	PO Box 568 Yonkers, NY 10710	Trustees of the Local 813 Insurance Trus	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.38</u> <input type="checkbox"/> G _____
2.2	ECSI America, Inc.	444 E. Boston Post Road Suite 210 Mamaroneck, NY 10543	National Labor Relations Board	<input checked="" type="checkbox"/> D <u>2.13</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	ECSI America, Inc.	444 E. Boston Post Road Suite 210 Mamaroneck, NY 10543	John Valentino	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.21</u> <input type="checkbox"/> G _____
2.4	J. Spiezio & Son, LLC	17732 Highland Road Baton Rouge, LA 70810	Trustees of the Local 813 Insurance Trus	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.38</u> <input type="checkbox"/> G _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	Joseph Spiezio, III	444 E. Boston Post Road Suite 210 Mamaroneck, NY 10543	John Valentino	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.21</u> <input type="checkbox"/> G _____
2.6	Joseph Spiezio, III	444 E. Boston Post Road Suite 210 Mamaroneck, NY 10543	Trustees of the Local 813 Insurance Trus	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.38</u> <input type="checkbox"/> G _____
2.7	Long Beach Road Holdings, LLC	PO Box 568 Yonkers, NY 10710	Trustees of the Local 813 Insurance Trus	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.38</u> <input type="checkbox"/> G _____
2.8	Pinnacle Equity Group LLC	PO Box 568 Yonkers, NY 10710	Trustees of the Local 813 Insurance Trus	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.38</u> <input type="checkbox"/> G _____
2.9	R&S Waste Services, LLC	444 E. Boston Post Road Suite 210 Mamaroneck, NY 10543	Trustees of the Local 813 Insurance Trus	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.38</u> <input type="checkbox"/> G _____
2.10	R&S Waste Services, LLC	444 E. Boston Post Road Suite 210 Mamaroneck, NY 10543	National Labor Relations Board	<input checked="" type="checkbox"/> D <u>2.13</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.11	R&S Waste Services, LLC	444 E. Boston Post Road Suite 210 Mamaroneck, NY 10543	Trustees of the Local 813 Insurance Trus	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.38</u> <input type="checkbox"/> G _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.12 **SK Parker Holdings, LLC** **121 Parker Avenue Poughkeepsie, NY 12601** **Trustees of the Local 813 Insurance Trus** D _____
 E/F **3.38**
 G _____

2.13 **Spiezio Family Holdings LLC** **444 E. Boston Post Road Suite 210 Mamaroneck, NY 10543** **Trustees of the Local 813 Insurance Trus** D _____
 E/F **3.38**
 G _____

2.14 **Waste Services of Westchester, Inc.** **444 E. Boston Post Road Suite 210 Mamaroneck, NY 10543** **Trustees of the Local 813 Insurance Trus** D _____
 E/F **3.38**
 G _____

Fill in this information to identify the case:

Debtor name Waste Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 13, 2019

X /s/ Joseph Spiezio, III

Signature of individual signing on behalf of debtor

Joseph Spiezio, III

Printed name

President

Position or relationship to debtor